

EXHIBIT 18

**IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION**

L.E., by his next friends and
parents, SHELLEY ESQUIVEL
and MARIO ESQUIVEL,

Plaintiff,

Case No. 3:21-cv-00835

v.

BILL LEE, in his official capacity
as Governor of Tennessee, *et al.*,

Defendants.

EXPERT REPORT OF DR. MELISSA A. CYPERSKI

1. I submit this expert report based on my personal knowledge.

2. I have been retained by counsel for Plaintiff as an expert in connection with the above-captioned litigation. Specifically, I have been asked by Plaintiff's counsel to provide my expert opinion on gender identity, gender dysphoria in children and adolescents, the treatment of gender dysphoria, and the impact of laws like Senate Bill 228—Tennessee's legislative ban on transgender middle and high school students from participating on interscholastic sports teams consistent with their gender.

3. In preparing this expert report, I reviewed the text of Senate Bill 228 at issue in this matter. In forming my opinions, I relied on my education, training, and professional experience, as well as my knowledge of the professional guidelines and scientific literature in the pertinent fields. The materials I have relied upon in preparing this expert report are the same types of

materials that experts in my field regularly rely upon when forming opinions on these subjects. I may wish to supplement these opinions because of new developments in my field.

4. I am being compensated for my work on this matter at a rate of \$250 per hour for preparation of expert reports and \$400 per hour for time related to providing deposition or trial testimony. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

PROFESSIONAL BACKGROUND AND EXPERIENCE

5. I am a licensed clinical psychologist. I have been licensed in the state of Tennessee since September 2017. A true and correct copy of my curriculum vitae is attached hereto as **Exhibit A.**

6. I received my B.S. in Psychology from Denison University in Granville, Ohio in 2010. I received my M.S. and Ph.D. in Clinical Psychology from Auburn University in Auburn, Alabama in 2013 and 2016, respectively. From 2015 to 2016, I completed a Predoctoral Internship in Professional Psychology at the Vanderbilt University/Department of Veterans Affairs consortium in the Division of Child and Adolescent Psychiatry. From 2016 to 2017, I completed a Postdoctoral Fellowship at Vanderbilt University Medical Center (“VUMC”) in the Center of Excellence for Children in State Custody.

7. I have been an Assistant Professor of Psychiatry and Behavioral Sciences at VUMC since 2017. I have been an Adjunct Assistant Professor in Psychology at Vanderbilt University since 2018 and in Medicine, Health, and Society since December 2021. The opinions presented in this report are my own and are not presented on behalf of my institutional affiliations.

8. I have been a Psychologist and Mental Health Consultant at the Vanderbilt Pediatric and Adolescent Transgender Health Clinic (“VPATH”) at VUMC since the clinic opened in 2018.

VPATH is an interdisciplinary clinic, bringing together practitioners from endocrinology, psychology, primary care, and other fields to provide comprehensive care to transgender children, adolescents, and their families.

9. In my role as a psychologist and mental health consultant in VPATH, I diagnose gender dysphoria, assess comorbid mental health concerns, and collaborate with patients, their caregivers, and other healthcare providers to develop and coordinate a specific treatment plan for each youth. During my time as a mental health provider in VPATH, the clinic has treated over 100 transgender children and adolescents. I am a member of the World Professional Association for Transgender Health (“WPATH”), the leading association of medical and mental health professionals regarding transgender health and the treatment of gender dysphoria.

10. Additionally, I provide psychotherapy and psychological assessments for transgender and gender diverse youth in my outpatient practice. I serve as an educator to students who are training to be psychologists and psychiatrists. In that capacity, I offer lectures, seminars, supervision, and consultation regarding the provision of mental health services to transgender youth.

11. I have not provided expert testimony in any other case in the past four years.

GENDER IDENTITY AND GENDER DYSPHORIA

12. A person’s gender identity refers to their inner sense of their own gender. Gender identity is a fundamental and core component of human identity. Every person has a gender identity.

13. At birth, most people are assigned a sex, typically male or female, based solely on the appearance of their external genitalia. Non-transgender people, also referred to as cisgender people, have a gender identity that aligns with their sex assigned at birth. Transgender people have

a gender identity that is incongruent with the sex they were assigned at birth. For example, a transgender boy has a male gender identity, but was assigned female at birth.

14. Many transgender people become aware of their gender identity at a very early age.

Other transgender people may not become fully aware of their gender identity until the onset of puberty or later.¹

15. The general medical consensus is that gender identity cannot be changed by external factors such as psychotherapy.² Efforts to change a person's gender identity are ineffective, can cause harm, and, therefore, are unethical.³

16. An incongruence between gender identity and sex assigned at birth can cause severe psychological distress. Gender dysphoria is the diagnostic term in the American Psychiatric Association's *Diagnostic & Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* ("DSM-5-TR") which describes the clinically significant distress or impairment in functioning that can arise from the incongruence between a person's gender identity and their sex assigned at birth.⁴

17. People diagnosed with gender dysphoria have an intense and persistent discomfort with their sex assigned at birth which may include but is not limited to distress related to the development of primary and/or secondary sex characteristics associated with their sex assigned at birth.⁵ A gender dysphoria diagnosis is marked by an experienced incongruence between gender

¹ World Professional Association for Transgender Health. (2012). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* (7th version). <https://www.wpath.org/publications/soc> ("WPATH SOC7"), p. 12.

² WPATH SOC7, p. 16.

³ See, e.g., Substance Abuse and Mental Health Services Administration ("SAMHSA"). (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. HHS Publication No. (SMA) 15-4928. Rockville, MD, pp. 24-25.

⁴ American Psychiatric Association (2022). Gender dysphoria. In *Diagnostic and statistical manual of mental disorders* (5th edition, text revision). <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787> ("DSM-5-TR")

⁵ *Ibid.*

identity and sex assigned at birth lasting at least six months, that is accompanied by clinically significant distress or impairment in social, school, or other important areas of functioning in life.⁶

18. Gender dysphoria is a serious medical condition and if left untreated or inadequately treated, it can result in severe anxiety, depression, self-harm, and suicidality.

TREATMENT GUIDELINES FOR GENDER DYSPHORIA

19. The Endocrine Society and WPATH have published widely accepted guidelines that are informed by the available scientific evidence regarding the treatment of gender dysphoria.⁷ These guidelines are recognized as authoritative by the leading medical and mental health professional groups in the United States.⁸ Many organizations, including the American Academy of Pediatrics, the American Medical Association, the American Academy of Child and Adolescent Psychiatry, and the American Psychological Association, have published statements in support of access to gender affirming care consistent with the treatment guidelines.⁹

⁶ *Ibid.*

⁷ Hembree, W. C., Cohen-Kettenis, P. T., Gooren, L., Hannema, S. E., Meyer, W. J., Murad, M. H., Rosenthal, S. M., Safer, J. D., Tangpricha, V., & T'Sjoen, G. G. (2017). Endocrine treatment of gender dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *Journal of Clinical Endocrinology and Metabolism*, 102(11), 3869-3903 (“Endocrine Society Guideline”); WPATH SOC7.

⁸ See, e.g., Rafferty, J., American Academy of Pediatrics (AAP) Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, & AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics*, 142(4): 2018-2162; American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender non-conforming people, *American Psychologist*, 70(9), 832-864.

⁹ *Ibid.*, American Medical Association. (2021). *March 26, 2021: State Advocacy Update*. <https://www.ama-assn.org/health-care-advocacy/advocacy-update/march-26-2021-state-advocacy-update>; American Academy of Child & Adolescent Psychiatry (AACAP). (2019). *AACAP Statement Responding to Efforts to ban Evidence-Based Care for Transgender and Gender Diverse Youth*. https://www.aacap.org/AACAP/Latest_News/AACAP_Statement_Responding_to_Efforts-to_ban_Evidence-Based_Care_for_Transgender_and_Gender_Diverse.aspx

20. The goal of treatment for gender dysphoria is to reduce or eliminate the individual's clinically significant distress or impairment in functioning which includes helping the patient to live in accordance with their gender identity. Treatment for gender dysphoria is sometimes called "gender-affirming care" and may include terms such as "gender transition" or "transition-related care."

21. Treatment for gender dysphoria is patient-specific and depends on each person's individualized needs. Additionally, treatment protocols are different based on a patient's age, with distinct guidelines for pre-pubescent children, adolescents, and adults.

22. For pre-pubescent children, treating gender dysphoria does not include any pharmacological or surgical interventions. For these patients, social transition—living in accordance with one's gender identity—may be appropriate. After an individual begins puberty, medical interventions may be indicated, including puberty-delaying medications and/or hormone therapy to initiate puberty consistent with one's gender identity. Individuals who receive hormone therapy develop secondary sex characteristics consistent with their gender identity. For example, a transgender boy treated with puberty delaying drugs followed by testosterone will have the body build, facial hair, and deepened voice that boys experience with puberty. For mature adolescent transgender males, chest surgery may be indicated, and for adults, other surgeries may be indicated.

23. Social transition can be a core aspect of treatment for gender dysphoria for patients of any age. A social transition involves living and being recognized by others in accordance with one's gender identity in all aspects and across settings of one's life. For students, that includes at school.¹⁰ Steps taken to socially transition can include wearing clothing, engaging in personal

¹⁰ Endocrine Society Guideline, p. 3878; WPATH SOC7, pp. 15-17.

hygiene and styling, using names and pronouns, using restrooms and other sex-separated facilities, as well as participating in sex-separated activities in accordance with one's gender identity.

THE IMPACT OF SB 228 ON TRANSGENDER STUDENTS

24. Many transgender students, in accordance with the well-established guidelines for the treatment of gender dysphoria discussed above, are living all aspects of their lives consistently with their gender identity. Thus, there are transgender boys who have typically male names; are referred to by male pronouns by family, friends, and teachers; and dress and style like other boys. Moreover, given the medical treatments currently available to adolescents with gender dysphoria, transgender adolescent boys may have facial hair and deep voices and otherwise sound and appear indistinguishable from other boys. For some transgender adolescents—particularly those who have changed schools after initiating medical transition—their peers may not be aware that they are transgender.

25. Excluding transgender students from participating in peer activities such as interscholastic sports in a manner consistent with their gender identity can be harmful to them in several ways. First, it is stigmatizing for transgender boys to be designated as girls just as it would be for cisgender boys. For transgender boys, it is further stigmatizing because, by singling them out, it sends the message to them and their peers that they are different from other boys, and they should be treated differently or do not belong. In addition, requiring transgender boys to participate on girls-only teams or in other girls-only activities could subject them to uncomfortable and potentially hostile questions about their participation in these activities.

26. Requiring transgender students to participate in sex-separated school activities in a manner that is inconsistent with their gender identity can also harm them by involuntarily disclosing their transgender status to the entire community. Maintaining privacy about one's

transgender identity can be important to safety, given the persistence of harassment and even violence exhibited against transgender people.

27. For transgender students with gender dysphoria, participating in a sex-separated activity like interscholastic sports based on their sex assigned at birth rather than their gender identity would undermine their social transition and could exacerbate their gender dysphoria. In my professional experience, transgender youth have shared with me that not being treated by others in accordance with their gender identity—such as being misgendered, misnamed, and being required to participate in sex-separated activities that do not match their gender identity—is a significant source of gender dysphoria and stress.

28. Even before SB 228 became law, I had transgender patients who enjoyed playing sports but stopped participating for fear of being placed on a team that did not match their gender identity or due to the significant discomfort they experienced when they were expected to dress or otherwise participate in ways that did not align with their gender identity.

29. Participating in interscholastic athletics can have significant psychological and physical health benefits for young people. In addition to improving physical fitness, student athletes are often supported by team policies or procedures that decrease the likelihood of engaging in misconduct and illicit activity such as alcohol or drug use. Instead, student athletes often demonstrate improved academic performance, graduation rates, and a greater sense of connection or belonging at school.¹¹ Participating in athletics can also enhance mental health outcomes such as increasing self-esteem and social skills. Team sports, in particular, can provide youth with

¹¹ Marsh, H. W., & Kleitman, S. (2002). Extracurricular school activities: The good, the bad, and the nonlinear. *Harvard Educational Review*, 72(4), 464– 514; Marsh, H. W. & Kleitman, S. (2003). School athletic participation: Mostly gain with little pain. *Journal of Sport and Exercise Psychology*, 25(2), 205–228.

opportunities to practice their social skills and offer social supports through friendships with teammates or mentoring relationships with coaches. Additionally, among children who have experienced adverse childhood events, data suggest that participating in team sports during adolescence can enhance current and long-term mental health outcomes with decreased incidences of depression and anxiety.¹²

30. For some transgender students, being able to participate on an interscholastic athletic team would promote resilience and be especially beneficial to their emotional well-being given the adversity, rejection, and isolation that so many transgender young people experience in their daily lives. By making it impossible for many transgender students to participate in interscholastic athletics, SB 228 denies transgender youth the opportunity to engage in positive experiences that can protect and enhance their mental health.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed On: April 15, 2022



Melissa A. Cyberski, Ph.D.

¹² Easterlin, M. C., Chung, P. J., Leng, M., & Dudovitz, R. (2019). Association of team sports participation with long-term mental health outcomes among individuals exposed to adverse childhood experiences. *JAMA Pediatrics*, 173(7), 681-688.

Exhibit A

CURRICULUM VITAE

Updated 04/09/2022

NAME: Melissa A. Cyferski, Ph.D.

ADDRESS: Vanderbilt Child and Adolescent Psychiatry Clinic
1500 21st Avenue South, Suite 2200
Nashville, TN 37212

PHONE: (615) 936-3555

FAX: (615) 322-7108

EMAIL: melissa.cyferski@vumc.org

EDUCATION

2010 **B.S. in Psychology**
Denison University | Granville, OH
Minors in English and Music Performance (Voice)
Honors Thesis: *Therapeutic assessment and clinical improvement: An investigation of hope, self-efficacy, and clients' expectancies*

2013 **M.S. in Clinical Psychology**
Auburn University | Auburn, AL
APA Accredited | Child Track
Thesis: *Examining executive functioning deficits in juvenile delinquents with a history of trauma exposure*

2016 **Ph.D. in Clinical Psychology**
Auburn University | Auburn, AL
APA Accredited | Child Track
Dissertation: *Forming therapeutic alliances across the milieu: Clinical implications and challenges of working with adjudicated adolescent males in residential treatment*

2015 – 2016 **Predoctoral Internship in Professional Psychology**
Vanderbilt University/Department of Veterans Affairs
APA Approved | Division of Child and Adolescent Psychiatry
Vanderbilt University Medical Center (VUMC) | Nashville, TN

2016 – 2017 **Postdoctoral Fellowship**
APPIC Listed | Child Welfare & Trauma-Informed Care Track
Center of Excellence for Children in State Custody (COE)
Vanderbilt University Medical Center (VUMC) | Nashville, TN

LICENSURE

Sept. 2017 – Present Licensed Clinical Psychologist, HSP
Tennessee #3476

ACADEMIC APPOINTMENTS

Nov. 2017 – Present Assistant Professor of Psychiatry and Behavioral Sciences
Vanderbilt University Medical Center (VUMC) | Nashville, TN

Sept. 2018 – Present Adjunct Assistant Professor of Psychology
Vanderbilt University | Nashville, TN

Dec. 2021 – Present Adjunct Assistant Professor in Medicine, Health, and Society
Vanderbilt University | Nashville, TN

PROFESSIONAL ORGANIZATIONS

2021 – Present World Professional Association for Transgender Health (WPATH)

PROFESSIONAL ACTIVITIES

INTRAMURAL

2020 Academic Psychiatry Day Committee

2018 – Present Vanderbilt Pediatric and Adolescent Transgender Health (VPATH) Clinic
Psychologist and Mental Health Consultant
Vanderbilt University Medical Center (VUMC) | Nashville, TN

2021 – Present Psychology Advisory Committee
Psychotherapy Representative

EXTRAMURAL

2010 – Present Admission Ambassador
Denison University | Granville, OH

Ad Hoc Review Experience

2021 – Present *Transgender Health*

HONORS & DISTINCTIONS

2009	Independent Summer Research Award Denison University
2010	William Osborne Award Denison University, Department of Music
2010	Irvin S. Wolf Award Denison University, Department of Psychology
2010	Distinguished Leadership Award Denison University
2011	First-Year Graduate Teaching Assistant of the Year Auburn University
2015	“Most Devoted” Auburn University, Department of Psychology

TEACHING ACTIVITIES

CONTINUING MEDICAL EDUCATION

1. Ebert, J., Kuhn, T., Cyperski, M., Billings, G., & Smith, K. (2018, June). *Consultation with complex cases: Navigating reunification and system conflict*. Case conference presented at Grand Rounds for the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
2. Cyperski, M., Brady, C., & Romano, M. (2020, October). *PATH to affirmative medical care for transgender/gender diverse (TGD) youth: A guide for mental health providers*. Presented at Grand Rounds for the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
3. Cyperski, M. & Jackson, C. (2020, November). *Supporting mental health and accessing affirmative care for transgender/gender diverse youth*. Presented at Social Work Grand Rounds for Vanderbilt Behavioral Health, Vanderbilt University Medical Center, Nashville, TN.

MEDICAL STUDENT DIDACTICS

Psychiatry Residents

1. Cyperski, M., & Billings, G. (2019, March). Psychotherapy considerations for children and adolescents. Developed and presented seminar to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
2. Billings, G., & Cyperski, M. (2019, May). Grief and loss. Psychotherapy seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
3. Cyperski, M., Billings, G., & Schoonover, C. (2019, August). Developmental psychology. Developed and presented multi-part series of psychotherapy seminars for advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.

4. Cyperski, M. (2020, March). Psychotherapy for children and adolescents. Seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
5. Cyperski, M. (2020, March). Counseling considerations for LGBTQ+ clients. Developed and presented seminar to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
6. Cyperski, M. (2020, September). Intro to psychiatric practice with sexual and gender minority (SGM) patients. Developed and presented seminar to psychiatry residents in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
7. Billings, G., Cyperski, M., & Broderick, A. (2020, September). Developmental psychology. Multi-part series of psychotherapy seminars for advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
8. Cyperski, M. (2021, March). Psychotherapy for children and adolescents. Seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
9. Cyperski, M. (2021, March). Counseling considerations for LGBTQ+ clients. Seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
10. Cyperski, M. (2021, September). Intro to psychiatric practice with sexual and gender minority (SGM) patients. Seminar presented to child and adolescent psychiatry residents in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
11. Cyperski, M., Billings, G. & Nichols, T. (2021, September). Developmental psychology. Revised content and presented multi-part series of psychotherapy seminars to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
12. Cyperski, M. (2022, March). Psychotherapy for children and adolescents. Seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
13. Cyperski, M. (2022, March). Counseling considerations for LGBTQ+ clients. Seminar presented to advanced resident physicians in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.

Psychiatry Fellows

14. Kuhn, T., Cyterski, M., & Ebert, J. (2019, April). Motivational interviewing: Emotion regulation & engagement towards change. Developed and presented workshop for advanced resident physicians and psychiatry fellows in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
15. Cyterski, M. (2019, June). CBT for children & adolescents. Developed and presented seminar for child and adolescent psychiatry fellows in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
16. Cyterski, M. (2019, October). CBT for children & adolescents. Seminar presented to child and adolescent psychiatry fellows in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.
17. Cyterski, M. (2020, September). CBT for children & adolescents. Seminar presented to child and adolescent psychiatry fellows in the Vanderbilt University School of Medicine, Department of Psychiatry and Behavioral Sciences, Nashville, TN.

Predoctoral Psychology Interns

18. Cyterski, M. (2019, May). Transitioning from mentor to mentee. Developed and presented seminar for pre-doctoral psychology interns in the Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP), Department of Psychiatry and Behavioral Sciences, Nashville, TN.
19. Scott, C., Cyterski, M., & Howard, D. (2019, September). Pathways to postdoctoral fellowship. Panelist for seminar to predoctoral psychology interns in the Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP), Department of Psychiatry and Behavioral Sciences, Nashville, TN.
20. Cyterski, M. (2021, May). Transitioning from mentor to mentee. Seminar presented to predoctoral psychology interns in the Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP), Department of Psychiatry and Behavioral Sciences, Nashville, TN.
21. Cyterski, M. (2021, September). Supporting LGBTQ+ clients. Developed and presented seminar for predoctoral psychology interns in the Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP), Department of Psychiatry and Behavioral Sciences, Nashville, TN.

CLINICAL TEACHING

2012 **Teaching Assistant**, Assessment of Cognitive Abilities & Achievement
Auburn University | Auburn, AL
Instructed and supervised first-year graduate clinicians on administration and scoring of Wechsler Intelligence Scale for Children, 4th Edition (WISC-IV) and Woodcock-Johnson III Tests of Achievement (WJ-III ACH). Instructor of record: Jennifer Gillis, Ph.D.

2015 – 2016

Peer Supervisor

Vanderbilt University Medical Center (VUMC) | Nashville, TN
Offered mentorship and vertical supervision to doctoral-level practicum students. Received supervision of supervision from VUMC faculty.
[1 hour per week]

Vanderbilt University, Peabody College, Department of Psychology,
Doctor of Philosophy (Ph.D.) in Psychological Sciences:

Laura Hieber, M.S.

Jennifer Stewart, M.S.

2017

Primary Supervisor (Master's Practicum)

Vanderbilt University Medical Center (VUMC) | Nashville, TN
Provide supervision, consultation, and observation of clinical duties.
[1 hour per week]

Vanderbilt University, Peabody College, Department of Human and Organization Development (HOD), Master of Education (M. Ed.) in Human Development Counseling:

Katelyn Dover

Holly Higgins

2018 – Present

Primary Supervisor (Doctoral Practicum)

Vanderbilt University Medical Center (VUMC) | Nashville, TN
Provide supervision, consultation, and observation of clinical duties including comprehensive psychological assessments and psychotherapy.
[1 hour per week]

Vanderbilt University, College of Arts and Science, Department of Psychology, Doctor of Philosophy (Ph.D.) in Psychological Sciences:

Lénie Torregrossa, M.S.

Rachel Siciliano, M.S.

Pietra Bruni, M.S.

Sarah Jessup, M.A.

Tennessee State University, College of Education,
Psychology Department, Doctor of Philosophy (Ph.D.)
in Counseling Psychology:

Allison Hotz, M.S.

2018 – Present

Primary Supervisor (APA Predoctoral Psychology Internship)

Vanderbilt University Medical Center (VUMC) | Nashville, TN

Provide supervision, consultation, and observation of clinical duties including comprehensive psychological assessments and psychotherapy. [1 hour per week]

Vanderbilt University Medical Center Internship in Professional Psychology (VUMC-IPP):

Ciera Schoonover, M.A., M.S.W., M.P.H.
Amanda Broderick, Ph.D.
Amy Gorniak, M.A.
Yael Osman, M.A.

OTHER ACTIVITIES

Community & Professional Education

2015 – 2017 **Child Welfare Trauma Training Toolkit 2.0**
Tennessee Department of Children’s Services (DCS) | Nashville, TN

2017 **Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC)**
Tennessee Department of Children’s Services (DCS) | Nashville, TN

2015 – 2020 **Child Protective Services (CPS) Academy**
Tennessee Department of Children’s Services (DCS) | Nashville, TN
Collaborated on development and presentation of curriculum to help frontline child welfare workers identify and engage with trauma informed practice. Led series of workshops related to implicit bias and understanding mental health needs. Co-facilitated additional educational experiences to train assessment and investigations workers in content related to trauma-informed care, sexual behavior problems, and managing our emotional responses (i.e., Response Flexibility).

2018 – 2020 **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
Center of Excellence for Children in State Custody | Nashville, TN
Along with colleagues from University of Tennessee Health Sciences Center and Graduate School of Medicine, co-presented various two-day workshops to support implementation of TF-CBT among master’s level clinicians in the community.

2020 – 2021 **Child Protective Services (CPS) Supervisor Academy**
Tennessee Department of Children’s Services (DCS) | Nashville, TN
Developed and presented curriculum to help child welfare supervisors identify and engage with trauma informed practice and leadership strategies. Led series of workshops related to implicit bias and understanding mental health needs.

2021 – Present

Understanding and Addressing Implicit Bias in Child Welfare
Tennessee Department of Children's Services (DCS) | Nashville, TN
Developed and implemented two-part webinar series regarding identifying and managing unconscious bias. Delivered to nine cohorts of child welfare professionals.

Invited Lectures & Continuing Education (CE) Presentations

1. German, N., & Cyperski, M. (2014, February). *Emotional CPR: Recognizing and responding to students in distress*. Workshop conducted with faculty at Auburn University College of Veterinary Medicine, Auburn, AL.
2. Cyperski, M. (2014, September). *Managing career and family*. Moderator of panel discussion conducted with faculty in Department of Psychology at Auburn University, Auburn, AL.
3. Kuhn, T. & Cyperski, M. (2016, March). *Engaging youth and families: An introduction to motivational interviewing*. Presentation provided during monthly meeting of Tennessee Integrated Court Screening and Referral Program (TICSRP), Nashville, TN.
4. Cyperski, M. & Billings, G. (2016, December). *Ethical considerations for professional practice in an online world*. Workshop conducted for psychologists affiliated with the Tennessee Department of Children's Services (DCS), Nashville, TN.
5. Cyperski, M. (2017, February). *Sexual behavior problems: Toward health & healing for children, adolescents, and families*. Presentation provided for Tennessee Department of Children's Services (DCS) monthly Lunch and Learn series at the Vanderbilt Kennedy Center, Nashville, TN.
6. Cyperski, M. (2017, March). *Sexual behavior problems: Toward health & healing for children, adolescents, and families*. Invited guest lecture provided for biannual meeting of the TennCareSelect Behavioral Health Advisory Committee, Nashville, TN.
7. Cyperski, M. (2017, December). *When good intentions aren't good enough: Understanding and managing sources of implicit bias in our personal and professional lives*. Workshop conducted for psychologists affiliated with the Tennessee Department of Children's Services (DCS), Nashville, TN.
8. Cyperski, M., Gracey, K., Kuhn, T., & Ebert, J. (2017, December). *Counter response*. Seminar presented at quarterly meeting of Rapid Safety Feedback consultants with the Tennessee Department of Children's Services (DCS), Nashville, TN.
9. Cyperski, M. (2018, February). *Clear eyes, full hearts, can't lose: Understanding and managing unconscious biases in our personal and professional lives*. Invited lecture provided to master's level school based mental health clinicians with Vanderbilt University Medical

Center (VUMC), Nashville, TN.

10. Cyperski, M., Gracey, K., & Ebert, J. (2018, March). *Introduction to motivational interviewing and the transtheoretical model*. Seminar presented at quarterly meeting of Rapid Safety Feedback consultants with the Tennessee Department of Children's Services (DCS), Nashville, TN.
11. Cyperski, M. (2018, July). *Implicit bias*. Seminar presented at quarterly meeting of Rapid Safety Feedback consultants with the Tennessee Department of Children's Services (DCS), Nashville, TN.
12. Cyperski, M., & Cooper, T. (2019, January). *Understanding children with autism spectrum disorder*. Workshop conducted with professionals from the Tennessee Department of Children's Services (DCS), Murfreesboro, TN.
13. Cyperski, M. (2019, April). *Unconscious bias*. Seminar presented at meeting of regional leadership with the Tennessee Department of Children's Services (DCS), Nashville, TN.
14. Cyperski, M. (2019, May). *Explicit and implicit bias in the child welfare system*. Invited webinar presented for professionals in the Tennessee Department of Children's Services (DCS), Nashville, TN.
15. Cyperski, M. (2019, October). *Managing unconscious bias in assessment and consultation practice*. Seminar presented at the annual retreat for assessment consultants in the Tennessee Department of Children's Services (DCS), Nashville, TN.
16. Cyperski, M. (2019, October). *LGBTQ+ family matters*. Invited lecture presented for graduate students enrolled in Marriage and Family Therapy at Vanderbilt University, Department of Human and Organization Development (HOD), Nashville, TN.
17. Cyperski, M. (2020, February). *Trauma-focused cognitive behavioral therapy*. Invited lecture presented for graduate students enrolled in Advanced Practicum Seminar at Vanderbilt University, Department of Psychology, Nashville, TN.
18. Cyperski, M. (2020, October). *Supporting transgender/gender diverse young people*. Invited lecture and consultation provided to Partial Hospitalization Program with Vanderbilt Behavioral Health, Vanderbilt University Medical Center, Nashville, TN.
19. Cyperski, M. (2020, October). *Gender dysphoria*. Invited lecture presented for undergraduate students enrolled in Abnormal Psychology at Middle Tennessee State University (MTSU), Department of Psychology, Murfreesboro, TN.
20. Karabell, A., Caroll, L., Cyperski, M., & Brady, C. (2020, November). *Gender dysphoria*. Invited panelist at Pediatric Advanced Practice Conference with Le Bonheur Children's Hospital, Memphis, TN.

21. Brady, C., Cyperski, M., & Romano, M. (2021, July). *PATH to affirmative medical care for transgender/gender diverse youth*. Invited continuing education presentation at Southeast AIDS Education & Training Center (AETC).
22. Brady, C., Romano, M. & Cyperski, M. (2021, August). *Ways to support and advocate for transgender/gender diverse youth in a non-affirming environment: Perspectives from a team of providers*. Presentation provided at annual Southern LGBTQ Health Symposium.
23. Cyperski, M. (2021, December). *Caring for LGBTQ+ children and adolescents*. Invited presentation for nursing staff at Monroe Carell Jr. Children's Hospital at Vanderbilt, Nashville, TN.
24. French, W. & Cyperski, M. (2022, April). *Supporting LGBTQ+ students through MTSS*. Invited workshop presented at annual conference of Tennessee Association of School Psychologists (TASP), Online.
25. Cyperski, M., & Reilly, S. (2022, April). *Supporting medical and mental health needs of gender diverse youth in Tennessee*. Invited presentation at LGBT+ College Conference, Middle Tennessee State University (MTSU), Murfreesboro, TN.

SELECTED PROFESSIONAL DEVELOPMENT ACTIVITIES

2008	Summer Treatment Program (STP) for Children with ADHD Cleveland Clinic Cleveland, OH
March 2011	fMRI Visiting Fellowship Harvard, MIT, & Massachusetts General Hospital Boston, MA Instructors: Robert L. Savoy, Ph.D. and Bruce R. Rosen, M.D., Ph.D.
2013 – 2015	Parent-Child Interaction Therapy (PCIT) Auburn University Psychological Services Center (AUPSC) Auburn, AL Supervisor: Elizabeth Brestan-Knight, Ph.D., PCIT Master Trainer
Nov. 2015	Attachment, Self-Regulation, and Competency (ARC) Centers of Excellence for Children in State Custody Memphis, TN Instructor: Jon Ebert, Psy.D.
Jan. 2019	Affirmative Mental Health Care for Transgender & Gender Diverse Youth Oregon Health and Science University (OHSU) Portland, OR Instructors: Laura Edwards-Leeper, PhD and Kara Connelly, MD
Feb. 2020	Legislative Advocacy 101 GLSEN Nashville, TN Instructor: Justin Sweatman-Weaver, Co-Chair GLSEN Tennessee

April – Nov. 2021 Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
Centers of Excellence for Children in State Custody | Memphis, TN
Instructor: Melissa Runyon, PhD

PUBLICATIONS & PRESENTATIONS

ARTICLES

1. Fix, R., Cyperski, M., & Burkhart, B. (2017). Disproportionate minority contact: Comparisons across juveniles adjudicated for sexual and non-sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, 29(3), 291-308.
2. Kuhn, T., Cyperski, M., Shaffer, A., Gracey, K., Adams, M., Billings, G., & Ebert, J. (2019). Installing trauma informed-care through the Tennessee Child Protective Services Academy. *Psychological Services*, 16(1), 143-152.
3. Newman, J., Larsen, J., Thompson, K., Cyperski, M., & Burkhart, B. (2019). Heterogeneity in male adolescents with illegal sexual behaviors: A latent profile approach to classification. *Sexual Abuse: A Journal of Research and Treatment*, 31(7), 789-811.
4. Cyperski, M. A., Romano, M. E., & Brady, C. C. (2020). Supporting transgender/gender diverse (TGD) youth across settings and systems of care: Experiences from a pediatric interdisciplinary clinic. *the Behavior Therapist*, 43(7), 242-247.

PEER-REVIEWED PRESENTATIONS AT SCIENTIFIC MEETINGS

Workshops & Symposia

1. Cyperski, M. (2015, October). Using attachment and the therapeutic relationship to enhance treatment outcomes. In J. E. Newman (Chair), *Viewing the assessment and treatment of adolescents with illegal sexual behaviors through the lens of attachment*. Symposium conducted at the annual meeting of the Association for Treatment of Sexual Abusers (ATSA), Montreal, QC, Canada.
2. Cooper, T. J., & Cyperski, M. (2015, November). *Better explained by another disorder: Diagnostic overlap between autism spectrum disorder and early trauma exposure*. Workshop conducted at annual meeting of Connecting for Children's Justice (CCJ), Nashville, TN.
3. Cyperski, M., Adams, M., Kuhn, T., & Ebert, J. (2018, October). *Beyond compliance: Building "Response Flexibility" in the juvenile justice system*. Workshop conducted at annual conference of Transformational Collaborative Outcomes Management (TCOM), Chicago, IL.
4. Cyperski, M. (2019, November). *Caring for transgender and gender nonconforming (TGNC) youth with a history of trauma exposure*. Case-based presentation conducted at annual

conference of International Society for Traumatic Stress Studies (ISTSS), Boston, MA.

5. French, W. & Cyperski, M. (2021, September). *Y'all means all: Supporting LGBTQ+ students.* Workshop presented at annual conference of Tennessee School Counselor and Administrator Leadership Institute (SCALI), Murfreesboro, TN.
6. Broderick, A., Siciliano, R., Kuhn, T., Cyperski, M., & Gracey, K. (2021, October). Utilizing CANS ratings to understand co-occurring emotional and behavioral needs upon entrance to state custody. Workshop conducted at annual conference of Transformational Collaborative Outcomes Management (TCOM).
7. Cyperski, M., Brady, C., Romano, M., Bapty, C. & Schmidt, J. (2021, November). *Providing affirmative care and advocating for gender diverse youth in a non-affirming political landscape.* Symposium to be conducted at the annual meeting of the U.S. Professional Association for Transgender Health (USPATH).

Posters

1. Cyperski, M. A., & Weis, R. (2010, April). *Learning disabilities as socioeconomic constructs: Evidence from primary, secondary, and postsecondary schools.* Poster presented at the annual meeting of the Midwestern Psychological Association (MPA), Chicago, IL.
2. Cyperski, M., Shapiro, S., Burkhart, B., & Witte, T. (2012, October). *Examining executive functioning deficits in juvenile delinquents with a history of trauma exposure.* Poster presented at the biennial meeting of the National Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.
3. Cyperski, M., Sevlever, M., & Gillis, J. (2013, March). *Preliminary validation of a computer administered paired-stimulus preference assessment for children with autism spectrum disorders.* Poster presented at the annual meeting of the Southeastern Psychological Association (SEPA), Atlanta, GA.
4. Cyperski, M., Baker, K., & Brestan-Knight, E. (2013, September). *Tailoring treatment for high distress families with complex presentation: Lessons from a training clinic.* Poster presented at the biennial meeting of the Parent-Child Interaction Therapy (PCIT) Convention, Boston, MA.
5. Sevlever, M., Cyperski, M., & Gillis, J. (2013, November). *The impact of Thomas the Tank Engine and other cartoons on the emotion recognition and facial processing skills of children with autism spectrum disorders.* Poster presented at annual convention of the Association for Behavioral and Cognitive Therapies (ABCT), Nashville, TN.
6. Cyperski, M., Resmini, A., & Shapiro, S. (2014, October). *Factor structure of teacher rated DECA-P2 in diverse Head Start sample: Interpret with caution.* Poster presented at the biennial meeting of the National Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.

7. Cyperski, M., Newman, J., & Burkhart, B. (2014, October). *Childhood maltreatment predicts dimensional markers of psychopathy in juvenile offenders*. Poster presented at the biennial meeting of the National Conference in Clinical Child and Adolescent Psychology, Lawrence, KS.
8. Cyperski, M., Norwood-Strickland, A., & Burkhart, B. (2014, November). *Dysfunctional parenting predicts oppositional behavior in juvenile sex offenders*. Poster presented at annual convention of the Association for Behavioral and Cognitive Therapies (ABCT), Philadelphia, PA.
9. Fix, R. L., Burkhart, B. R., Alexander, A. A., & Cyperski, M. (2015, January). *Disproportionate minority contact: Implications for African American juveniles who commit sexual offenses*. Poster presented at the biennial National Multicultural Conference and Summit, Atlanta, GA.
10. Broderick, A. V., Siciliano, R. E., Kuhn, T. M., Cyperski, M. A., Gracey, K. A. (2020, June). *Characterizing youth's emotional and behavioral needs upon entrance to state custody*. Poster presented at the inaugural Vanderbilt University Medical Center Academic Psychiatry Day.